

DEPARTMENT OF THE TREASURY
BUREAU OF ALCOHOL, TOBACCO AND FIREARMS
CLAIM - ALCOHOL, TOBACCO AND FIREARMS TAXES

(File in duplicate with the Bureau of Alcohol, Tobacco and Firearms)

FOR ATF USE ONLY

CLAIM NUMBER

PART I. TO BE FILLED IN BY CLAIMANT.1. THIS CLAIM IS FILED UNDER THE PROVISIONS OF *(Enter applicable section of regulations, such as 53, 270.283, 285.173)***27 CFR**

2. ☐ REMISSION OF TAX ☐ ALLOWANCE OF CREDIT FOR TAX ☐ ABATEMENT OF TAX
☐ ALLOWANCE OF LOSS ☐ ALLOWANCE OF TAX ☐ REFUND OF TAX
☐ DRAWBACK-MNBP ☐ DRAWBACK-EXPORT ☐ OTHER *(Specify)*

3. NAME AND ADDRESS OF CLAIMANT

4. EMPLOYER IDENTIFICATION NUMBER

5. PLANT, LICENSE OR PERMIT NUMBER

6. KIND OF TAX

7. PERIOD, IF SPECIAL (OCCUPATIONAL) TAX OR MNBP

FROM _____, 19____, TO _____, 19____

8. AMOUNT OF TAX CLAIMED

9. DATE OF PAYMENT

10. BASIS OF CLAIM *(Give the detailed information required by the applicable regulations under which the claim is filed and any other facts which will inform the reviewing official of the exact basis for the claim. Please identify any documents or statements submitted in support of this claim.)*

(Attach letter size sheets if more space is required)

Under the penalties of perjury, I declare that I have examined this claim, including supporting documents and statements, and to the best of my knowledge and belief, it is true, correct and complete.

11. BY *(SIGNATURE AND TITLE)*

12. DATE

PART II. ACTION BY THE BUREAU OF ALCOHOL, TOBACCO AND FIREARMS*(To be returned to claimant)***13. YOUR CLAIM FOR**

- | | | |
|--|--|---|
| <input type="checkbox"/> REMISSION OF TAX | <input type="checkbox"/> ALLOWANCE OF CREDIT FOR TAX | <input type="checkbox"/> ABATEMENT OF TAX |
| <input type="checkbox"/> ALLOWANCE OF LOSS | <input type="checkbox"/> ALLOWANCE OF TAX | <input type="checkbox"/> REFUND OF TAX |
| <input type="checkbox"/> DRAWBACK-MNBP | <input type="checkbox"/> DRAWBACK-EXPORT | <input type="checkbox"/> OTHER <i>(Specify)</i> |

14. KIND OF TAX

- | | |
|--|---|
| <input type="checkbox"/> DISTILLED SPIRITS | <input type="checkbox"/> FIREARMS AND/OR AMMUNITION |
| <input type="checkbox"/> WINE | <input type="checkbox"/> TOBACCO PRODUCTS |
| <input type="checkbox"/> BEER | <input type="checkbox"/> SPECIAL (OCCUPATIONAL) TAX |
| | <input type="checkbox"/> OTHER <i>(SPECIFY)</i> |

15. TYPE OF CLAIM

- | | |
|--|---|
| <input type="checkbox"/> WITHDRAWN FROM MARKET | <input type="checkbox"/> OTHER <i>(SPECIFY)</i> |
| <input type="checkbox"/> LOST/DESTROYED | |
| <input type="checkbox"/> OVERPAYMENT | |

16. HAS BEEN ACTED ON AS INDICATED BELOW:**17. AUTHORIZATION: 26 U.S.C. SECTION**

A. CLAIMED		B. ADJUSTMENT, SEE BELOW		C. APPROVED	
QUANTITY OR PERIOD <i>(Proof gallons, wine gallons, number)</i> (a)	AMOUNT (b)	QUANTITY OR PERIOD <i>(Proof gallons, wine gallons, number)</i> (c)	AMOUNT (d)	QUANTITY OR PERIOD <i>(Proof gallons, wine gallons, number)</i> (e)	AMOUNT (f)

18. If this claim is a claim for an allowance of credit may be taken on ATF Form 5000.24, Excise Tax Return or ATF Form 5000.25, Excise Tax Return - Alcohol and Tobacco (Puerto Rico)

Credit for interest **IS NOT** allowable on this claim except as may be indicated item 19 below.

19. EXPLANATION OF ADJUSTMENT

NOTE: If your claim was for **abatement**, your account will be adjusted accordingly.

Please submit promptly your payment to ATF for any amount disallowed in Item 16B(d), plus any accrued interest. Include a copy of the accompanying tax bill.

If your claim was for **refund**, your check will be forwarded under separate cover.

20. SIGNATURE AND TITLE	21. DISTRICT (CITY AND STATE)	22. DATE
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PAPERWORK REDUCTION ACT NOTICE - This request is in accordance with Section 3507, Public Law 96-511, December 11, 1980. The information collection is used, along with other supporting documents, to obtain credit, remission and allowance of tax on taxable articles (*alcohol, beer and tobacco products and firearms and ammunition*) that have been lost and to obtain refund of overpaid taxes and abatement of overassessed taxes. This information is required to obtain a benefit by 26 U.S.C. 5008, 5705 and 6416.

The estimated average burden associated with this collection of information is one (1) hour per respondent or recordkeeper, depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be addressed to Reports Management Officer, Document Services Branch, Bureau of Alcohol, Tobacco and Firearms, Washington, DC 20226.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.